

02-5-04 PART B - FEE(S) TRANSMITTAL

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020306 7590 11/04/2003

MCDONNELL BOEHNEN HULBERT & BERGHOFF
300 SOUTH WACKER DRIVE
SUITE 3200
CHICAGO, IL 60606

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/284,100	04/07/1999	LINDA OWERS NARHI	A-423C	1893

TITLE OF INVENTION: KERATINOCYTE GROWTH FACTOR-2 PRODUCTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KEMMERER, ELIZABETH	1646	435-069400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

McDonnell Boehnen
Hulbert & Berghoff
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Amgen, Inc.

Thousand Oaks, CA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government


4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2490 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) 	(Date) <u>2/4/2004</u>
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.	
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02/10/2004 AWONDAF2 00000053 09284100

01 FC:1501 1330.00 OP
02 FC:1504 300.00 OP

02/10/2004 AWONDAF2 00000096 132490 09284100

01 FC:8001 30.00 DA

TRANSMIT THIS FORM WITH FEE(S)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 02-274)

PATENT

In the Application of:

Narhi et al.

Serial No: 09/284,100

Filed: April 7, 1999

For: Keratinocyte Growth Factor-2 Products

Examiner: Elizabeth Kemmerer

Group Art Unit: 1646

**Notice of Allowance Mailed:
November 4, 2003**

Mail Box Issue Fee
Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

TRANSMITTAL LETTER

In regard to the above-identified patent application:

1. We are transmitting herewith the attached:
 - a. Issue Fee Form PTOL-85
 - b. Postcard
2. With respect to additional fees:

 X A. Enclosed please find an Issue fee check in the amount of \$ 1630.00.

 B. Please charge to the Deposit Account No. 13-2490.
3. Please charge any additional fees or credit over-payments to the Deposit Account No.13-2490. A duplicate copy of this Transmittal Letter is enclosed for this purpose.
4. x CERTIFICATE UNDER 37 CFR 1.10 (EXPRESS MAIL): The undersigned hereby certifies that this Transmittal Letter and this paper, as described in paragraph 1 hereinabove, are being deposited with the United States Postal Service, as Express Mail No. EV333566247US, in an envelope addressed to: Commissioner of Patents, Washington, D.C. 20231, on this 4th day February of 2004.

Dated: February 4, 2004

By:

Donald L. Zuhn
Reg. 48,710